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ABSTRACT

This report presents a workshop for counselors and psychologists who are at a high risk for burnout and compassion fatigue. The workshop focuses on increasing the awareness of participants about the issues of burnout and compassion fatigue, and highlights a number of steps toward prevention. A report, which accompanies the workshop documentation, provides a variety of definitions, signs and symptoms, and possible causes of burnout and compassion fatigue. An emphasis is placed on prevention techniques that include both individual and environmental strategies. Also included in the report is a description of the specific workshop activities for participants. At the beginning of the program, participants are given the opportunity to assess their own degree of burnout and compassion fatigue. Through small group discussions, participants are also given the opportunity to share personal strategies for managing job stress and learn about other useful burnout prevention strategies from other participants. The remaining steps, assuming responsibility for addressing the problem and identifying what one can or cannot change about the job, are additional steps that each person is encouraged to address on his or her own to ensure that burnout or compassion fatigue do not become a personal reality. (Contains 12 references.) (GCP)

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Running head: SELF-CARE IN THE NEW MILLENNIUM

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Self-Care in the New Millennium:

Avoiding Burnout and Compassion Fatigue

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Abstract

Institutions of higher education are being transformed. Every year, we seem to be asked to do more with less as a result of changes such as department mergers, program deletions, and staff reductions. The stress of these changes, combined with the high ideals, motivation and commitment held by many counselors and psychologists, increases our likelihood of experiencing burnout and compassion fatigue. The objectives of this program are to review the causes and symptoms of burnout and compassion fatigue, to assess these symptoms among participants and to identify strategies for preventing burnout and compassion fatigue while meeting the demands of our careers.

Self-Care in the New Millennium:

Avoiding Burnout and Compassion Fatigue

Institutions of higher education are being transformed. Every year, we seem to be asked to do more with less as a result of changes such as department mergers, program deletions, and staff reductions. There are personal changes as well. Willam Parham (1992) identified three key experiences confronted by counseling center psychologists 7-10 years post-doctorate. These issues are "burnout, feeling overwhelmed by commitments, and aging" (p. 32). The stress of these changes, combined with the high ideals, motivation and commitment held by many counselors and psychologists, increases our likelihood of experiencing burnout and compassion fatigue.

The first objective of this program is to provide further information about burnout and compassion fatigue. Secondly, participants will be given the opportunity to assess their own degree of burnout and compassion fatigue. Following this assessment, strategies for preventing burnout and compassion fatigue will be discussed and participants will be given the opportunity to develop a personal prevention plan.

In the book Career Burnout, Ayala Pines and Elliot Aronson (1988) discuss four major strategies for dealing with burnout. The first strategy is to "become aware of the problem" (Pines & Aronson, 1988, p. 27). This includes not only awareness that there is a problem but also becoming aware of the cause of the problem. In many cases, the problem is the result of the situation rather than the individual.

The second strategy Pines and Aronson (1988) recommend for preventing burnout is "taking responsibility for doing something" (p. 27) about the problem. Once this awareness has been achieved, the coping strategies shift from a focus on the individual changing themselves to a focus on making changes in the work environment to enable the person to more easily achieve their personal and professional goals.

"Achieving some degree of cognitive clarity" (Pines & Aronson, 1988, p. 27) is the third strategy for preventing burnout. This means working to distinguish between what one can and cannot change about the job and the organization. An individual must also learn to distinguish

between demands placed on him/her by the organization and demands he/she has placed on himself or herself.

Finally, Pines and Aronson (1988) recommend developing new ways of coping and refining old coping strategies to help with the present situation. We can try new strategies for managing the situation as well as reviewing what has worked for us in the past that we many not presently be using to manage a difficult situation.

The first strategy, becoming aware of the problem, and the fourth strategy, developing new coping tools and refining old tools, will be the focus of the learning objectives in this workshop. These objectives will be accomplished through a combination of lectures and small group activities.

To provide the stimulus for small group discussions, I would like you to take a few minutes to answer the following four questions (Pines & Aronson, 1988):

1) What were your hopes and expectations when you decided to pursue a career in college counseling or accepted your current position?
2) What are the three most stressful aspects of your job?
3) What coping strategies do you use to cope with these stresses?
4) How effective are these coping strategies?

Small Group Activity – Identifying Common Goals and Expectations for Career

Once workshop participants have responded to these four questions individually, form small groups among the participants. The above four questions will be used throughout the workshop to promote discussion about burnout and compassion fatigue. At this time, group members should discuss their responses to the first question, identifying the common goals and expectations each participant had when they entered the profession or their current position. After about ten minutes, reform the large group to share common goals and expectations with all workshop participants.

Definitions of Burnout and Compassion Fatigue

There are a variety of definitions of burnout. Freudenberger (1980) defined burnout as "a state of fatigue or frustration brought about by devotion to a cause, way of life, or relationship that

failed to produce the expected reward" (p. 13). A second definition offered is that "burnout is a syndrome of emotional exhaustion, depersonalization, and reduced personal accomplishment (Maslach & Jackson, 1982, p. 228) that can occur among individuals who do "people work" (Maslach & Jackson, 1982, p. 228) of some kind. Pines and Aronson (1988), in their book Career Burnout, defined it as "a state of physical, emotional and mental exhaustion caused by long term involvement in situations that are emotionally demanding" (p. 9). While the definitions differ, the result is the same: individuals who are idealistic, "highly motivated and committed individuals lose their spirit" (Pines, 1993, p. 386).

The second issue we are considering is compassion fatigue. The old term for this is secondary traumatic stress disorder. Figley (1995) defines secondary traumatic stress as "the natural consequent behaviors and emotions resulting from knowing about a traumatizing event experienced by a significant other—the stress resulting from helping or wanting to help a traumatized or suffering person" (p. 7). He further defines secondary traumatic stress disorder as "a syndrome of symptoms nearly identical to PTDS, except that exposure to knowledge about a traumatizing event experienced by a significant other is associated with the set of STSD symptoms, and PTSD symptoms are directly connected to the sufferer, the person experiencing primary traumatic stress" (Figley, 1995, p. 8). Figley offers a list of symptoms for both primary traumatic stress disorder (PTSD) and secondary traumatic stress disorder (STSD), focusing on four areas: the nature of the stressor, and symptoms associated with re-experiencing the traumatic event, efforts to numb or avoid the reminders and symptoms of persistent arousal from the trauma. Essentially the only difference between a person experiencing STSD and a person experiencing PTDS is that the former is experiencing the symptoms as a result of working with the traumatized person, rather than experiencing the traumatic event personally. The symptoms are virtually identical.

Individuals who exert a high degree of empathy and work with traumatized clients are at a higher risk for developing compassion fatigue. Empathy helps us understand the person's experience; however, in the process, we may be traumatized. Another factor is that many therapists working with persons who have been traumatized have a history of trauma in their

personal lives. If this trauma experience is unresolved, it raises the probability that the therapist will experience compassion fatigue (Figley, 1995).

Figley (1995) offers models of compassion stress and compassion fatigue (pp. 250-251) with the compassion fatigue model as an extension of the compassion stress model. The compassion stress model begins when the helping professional responds to a situation with empathic ability. This leads to either emotional contagion or empathic concern, both of which result in an empathic response. At this point, the helping professional will experience either a sense of disengagement or a sense of achievement, either of which may lead to compassion stress or secondary traumatic stress. As the helping professional continues to experience prolonged exposure and traumatic recollections through the other person, they may experience compassion fatigue, which is likely to cause some degree of disruption in their life.

Signs and Symptoms of Burnout and Compassion Fatigue

Pines (1993) identified several signs of burnout, which others may notice in colleagues or an individual may notice themselves. These signs include "low morale, absenteeism, tardiness, a decrease in average length of stay on the job, high turnover, increased accidents on the job and poor performance" (p. 387). Kahill (1988) also identified these as work-related symptoms. Kahill (1988) and Grosch and Olson (1994) identified other symptoms of burnout and divided symptoms into categories. Physical or physiological symptoms identified by these authors include exhaustion or fatigue, sleep difficulties, headaches, gastrointestinal disturbances, increased symptoms of pre-menstrual stress and colds. Emotional or psychological symptoms include depression, irritability, guilt, anxiety, helplessness and hopelessness. Behavioral symptoms of burnout include aggression, pessimism, defensiveness, cynicism and substance abuse. Interpersonal or clinical symptoms noted by these authors include the inability to concentrate with clients, withdrawal from clients or co-workers, dehumanizing clients or intellectualizing clients. Finally, Grosch & Olson (1994) also identified symptoms of burnout related to the spiritual dimension of life, including loss of faith, loss of meaning and purpose, feelings of alienation and estrangement, despair, changes in values, religious beliefs, and religious affiliation.

Yassen (1995) identified many of the symptoms noted above, as well as a number of symptoms associated with post-traumatic stress disorder in her chapter entitled "Preventing Secondary Traumatic Stress Disorder." She classified symptoms related to the personal impact of secondary traumatic stress according to the following categories: cognitive, emotional, behavioral, spiritual, interpersonal and physical. She also identified a number of symptoms of secondary traumatic stress which impact on professional functioning and classified these symptoms according to performance of job tasks, morale, interpersonal and behaviors.

A close review of these symptoms reveals many similarities between the symptoms of burnout and compassion fatigue, but there are differences as well. Figley (1995) identified four primary differences. One difference is that burnout emerges over time whereas compassion fatigue symptoms may emerge more suddenly. A second difference between these symptoms is that compassion fatigue may result in a greater "sense of helplessness and confusion, and a sense of isolation from supporters" (p. 12). Additionally, compassion fatigue is likely to be disconnected from the real cause. An individual experiencing burnout, however, is more likely to be able to identify the cause of the symptoms. A fourth difference is that individuals are likely to recover more quickly from compassion fatigue.

Causes of Burnout

Pines and Aronson (1988) indicate that "burnout is the result of a social-psychological interaction between a person and an environment" (p. 153). Pines (1993) went on to say that "the cause of burnout lies in our need to believe that our lives are meaningful and that the things we do are useful, important, even heroic" (p. 391). She explains that previously, people have obtained much of their existential quest for meaning from religion; however, for many people this is no longer adequate. For these individuals, work may be the alternative, raising the stakes in work. When people perceive they have failed at work but work is expected to provide meaning for their entire life, burnout results.

Working in a supportive environment, which is an environment that "maximizes positive features, such as support and challenge, and minimizes negative features, such as bureaucratic hassles and administrative interference," (Pines, 1993, p. 392) can allow highly motivated

individuals to reach their goals and expectations and achieve meaning. A supportive environment will reduce the likelihood of burnout. Working in a stressful environment that provides the opposite conditions will result in a sense of failure and burnout (Pines, 1993).

Grosch and Olsen (1994) in their book When Helping Starts to Hurt, describe three causes of burnout. First are the intrapsychic causes. These have to do with an individual's personality. Characteristics these authors believe contribute to burnout are excessive dedication and commitment, perfectionism, compulsivity and being achievement oriented, coupled with low self-esteem. A second source of causes identified is systemic or environmental causes. These include things like rigid work schedules, unrealistic expectations with too little support, inadequate or abusive supervision, responsibility without authority, lack of positive feedback and limited opportunities or incentives for financial reward. The third source of causes is the interaction between intrapsychic and systemic factors. It isn't "the sum of the two which leads to burnout but the nature of their interaction" (Grosch & Olson, 1994, p. 26). Factors that may play into this interaction include family of origin issues being replayed in the workplace, or the interaction between the therapist's ego, professional expectations and social and economic factors within the agency. In general, Grosch & Olson (1994) suggest that the most important factor that influences the likelihood of burnout is the goodness-of-fit between the professional and their work site.

Small Group Activity - Assessing Burnout and Compassion Fatigue

In preparation for the next small group discussion, workshop participants should complete and score the "Compassion Fatigue Self-Test for Helpers" (Figley, 1995, pp. 13-14) and the "Self-Diagnostic Instrument" (Pines & Aronson, 1988, p. 219). These instruments assess burnout and compassion fatigue. In small groups, participants are to discuss symptoms of burnout and compassion fatigue and the three most stressful aspects of your job that were identified in question two of the initial four questions answered at the beginning of this workshop. As participants discuss these issues, encourage them to consider whether some of the stressors expressed are really frustrations about unmet goals and expectations they have for their current position. After 10 – 15 minutes of small group discussion, re-form the large group and encourage the sharing of common stressors identified by the small groups.

Prevention Techniques

Various authors have identified a number of ways to prevent burnout and compassion fatigue. Yassen (1995) developed a fairly comprehensive model that identifies both individual and environmental strategies according to several different areas. In our personal life, we may engage in prevention strategies focused on our physical, psychological or social well-being, such as getting enough sleep or eating a balanced diet, practicing relaxation, increasing our self-awareness, or seeking social support from friends or personal counseling. In our professional lives, we can strive to achieve balance, set appropriate boundaries or obtain continuing education. Environmental prevention strategies may focus on either societal issues or the work setting. Societal issues might be addressed by working for legislative reform or coalition building. In our work setting the focus might be placed on gaining a clear understanding our job responsibilities and personnel policies, seeking supervisory support or building collegiality with co-workers. Pines and Aronson (1988) reinforced the need for a strong social support system. In their research, they found that "social factors play a primary role as both causes and cures of burnout" (Pines & Aronson, 1988, p. 156). They stressed that various members of our support system, whether they are colleagues, supervisors, friends or family members, can fulfill one or more functions of a support system.

The functions of a support system identified by Pines and Aronson (1988) are active listening, technical appreciation, technical challenge, emotional support or appreciation, emotional challenge and social reality testing. Persons in one's support system that provide active listening are people who will listen without offering advice or making judgments. Generally those persons who are good listeners can be counted on to provide understanding and sympathy in times of need.

The second function of a support system is technical appreciation, which means that when something is done well, acknowledgement of the good work is provided. Persons offering this type of support need to be very knowledgeable in the field and their honesty and integrity must be trusted. Supervisors are often the people who provide technical appreciation.

Technical challenge, a third function of a support system, can be fulfilled by any person who is "good enough at the job to be able to identify what could be improved" (Pines & Aronson, 1988, p. 163) and is a trustworthy person. People who provide technical challenge keep others from becoming stale or superficial in their efforts.

The fourth function, emotional support or appreciation is provided when someone offers support for a situation, even if that person is not in total agreement. It is essential to have at least one person who can be counted on for emotional support but it is helpful to have several people. Family members and friends often fulfill this role. The individual only needs to care more about the person than the situation to fulfill this role.

Emotional challenge, the fifth function, is offered by anyone who is willing to use their logic to challenge others who are emotionally distressed. Technical expertise is not needed to fulfill this function.

The final function of a social support system is social reality testing and sharing. A person who fulfills this function helps another person interpret the social reality of a situation and decide on a reasonable action. For example, if one is in a meeting and hears something that doesn't make sense but everyone else seems to understand perfectly, this individual might make eye contact with a trusted colleague or friend and exchange a puzzled or annoyed look. This person would be providing social reality testing. At high stress times when "you need sound advice, someone with similar priorities, values, and views can be very helpful" (Pines & Aronson, 1988, p. 165) for fulfilling this function.

Several organizational factors also contribute to one's ability to successfully cope with work stress (Pines & Aronson, 1988). These include staff-client ratios, times-out, limiting hours of stressful work, increased organizational flexibility, training and improved working conditions. In their research, Pines and Aronson (1988) found as staff-client ratios increased, workers liked their work less and tried to separate it more from their lives.

They also found in their study that workers in stressful jobs needed periods of "times out". These were defined as "opportunities for staff members to choose some less stressful work while other staff took over their more stressful responsibilities" (Pines & Aronson, 1988, p. 189). Staff

members who engaged in this strategy showed more favorable attitudes toward clients and were more optimistic about client's recovery.

Limiting hours of stressful work was another strategy that was found to be helpful in mental health settings offering services to clients with more severe conditions. The on-going provision of the services needed by clients with severe conditions was found to cause higher levels of staff burnout. Rotating stressful jobs in these settings can prevent guilt and the sense of failure experienced by the clinician and also reduces the organizational cost of burnout (Pines & Aronson, 1988).

Increased organizational flexibility is another strategy for reducing work stress. This is best accomplished by letting individuals choose tasks they enjoy performing. It is likely to improve both the organization and the quality of its services. Employees should be allowed as much autonomy as possible and responsibilities should be rotated to best accomplish this goal.

Offering training to staff is another way to help staff successfully cope with work stress. This might include training opportunities such as staff retreats, conferences and workshop.

A sixth organizational strategy for successfully coping with work stress is for an employer to improve working conditions. This might include reducing noise levels or temperature extremes but might also include simplifying "bureaucratic hurdles . . . tangled communication channels and unnecessarily complicated work procedures" (Pines & Aronson, 1988, p. 195).

Finally, other organizational strategies that help to combat burnout include setting clear organizational objectives, providing positive and constructive feedback and rewards. Extrinsic rewards include increases in pay, benefits, security and promotional opportunities. Intrinsic rewards include appreciation and recognition. All of these strategies are powerful buffers against burnout.

Small Group Activity – Identifying Burnout Prevention Strategies

To conclude the workshop, small groups should re-form and discuss the remaining two questions from the opening activity, as well as any insights gained throughout the workshop. Encourage each person to identify a prevention strategy that can be implemented during the next week. In the handout packet, a list of burnout prevention activities suggested by career

development professionals is provided. Also included are some additional questions related to burnout that each participant might discuss in their small group or with a trusted colleague or friend to more effectively manage your own symptoms of burnout and compassion fatigue.

Conclusion

Burnout and compassion fatigue can become a reality for persons who work in helping professions. This workshop has focused on increasing the awareness of participants about these issues, the first step for preventing burnout or compassion fatigue. Participants were given the opportunity to assess their own degree of burnout and compassion fatigue. Through small group discussions, participants have also been given the opportunity to share personal strategies for managing job stress and learn about other useful burnout prevention strategies from other participants, the fourth step in burnout prevention. The remaining steps, assuming responsibility for addressing the problem and identifying what one can or cannot change about the job are additional steps that each person must address on their own to ensure than burnout or compassion fatigue do not become a personal reality.

SELF-CARE IN THE NEW MILLENNIUM:

AVOIDING BURNOUT AND COMPASSION FATIGUE

Presented by:

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Southeastern Conference of Counseling Center Personnel
October 20, 1999
Atlantic Beach, Florida

SELF-CARE IN THE NEW MILLENNIUM: AVOIDING BURNOUT AND COMPASSION FATIGUE

1. **What were your hopes and expectations when you decided to pursue a career in college counseling or accepted your current position?**

2. **What are the three most stressful aspects of your job?**

3. **What coping strategies do you use to cope with these stresses?**

4. **How effective are these coping strategies?**

Pines, A. & Aronson, E. (1988). Career burnout: Causes and cures. New York: Free Press.

SYMPTOMS OF BURNOUT

Physical (Kahill, 1988)
Physiological (Grosch & Olson, 1994)

****

Exhaustion or fatigue
Sleep difficulties
Headaches
Gastrointestinal disturbances
Increased PMS symptoms
Colds

Emotional (Kahill, 1988)
Psychological (Grosch & Olson, 1994)

****

Depression
Irritability
Guilt
Anxiety
Helplessness
Hopelessness

Behavioral (Grosch & Olson, 1994; Kahill, 1988)

****

Aggression
Pessimism
Defensiveness
Cynicism
Substance abuse

Work-Related Symptoms (Kahill, 1988)

****

Quitting the job
Poor work performance
Absenteeism
Tardiness
Misuse of work breaks

Interpersonal (Kahill, 1988)
Clinical (Grosch & Olson, 1994)

****

Inability to concentrate with clients
Withdrawal from clients/co-workers
Dehumanizing clients
Intellectualizing clients

Spiritual (Grosch & Olson, 1994)

****

Loss of faith
Loss of meaning and purpose
Feelings of alienation/estrangement
Changes in values, religious beliefs, religious affiliation
Despair

Grosch, W. M. & Olsen, D. C. (1994). When helping starts to hurt: A new look at burnout among psychotherapists. New York: Norton.

Kahill, S. (1988). Interventions for burnout in the helping professions: A review of the empirical evidence. Canadian Journal of Counseling Review, 22, 310-342.

CAUSES OF BURNOUT

Pines, 1993; Pines & Aronson, 1988

- **Social-psychological interaction between a person and an environment**
- **Our need to believe that our lives are meaningful and that the things we do are useful, important, even heroic**

Grosch and Olsen, 1994

- **Intrapsychic causes**
- **Systemic or environmental causes**
- **The interaction between the intrapsychic and systemic factors**

Grosch, W. M. & Olsen, D. C. (1994). When helping starts to hurt: A new look at burnout among psychotherapists. New York: Norton.

Pines, A. (1993). Burnout. In L. Goldberger & S. Breznitz (Eds.). Handbook of stress: Theoretical & clinical aspects (2nd ed., pp. 386-402). New York: Free Press.

Pines, A. & Aronson, E. (1988). Career burnout: Causes and cures. New York: Free Press.

SIX FUNCTIONS OF A SOCIAL SUPPORT SYSTEM

Active Listening

Technical Appreciation

Technical Challenge

Emotional Support or Appreciation

Emotional Challenge

Social Reality Testing

Pines, A. & Aronson, E. (1988). Career burnout: Causes and cures. New York: Free Press.

ORGANIZATIONAL FACTORS DETERMINING SUCCESSFUL COPING WITH WORK STRESS

Staff-Client Ratios

Times-Out

Limiting Hours of Stressful Work

Increased Organizational Flexibility

Training

Improved Work Conditions

Pines, A. & Aronson, E. (1988). Career burnout: Causes and cures. New York: Free Press.

BURNOUT PREVENTION IDEAS RECOMMENDED BY CAREER DEVELOPMENT PROFESSIONALS

- **Recognize the problem.**
- **Balance your lifestyle.**
- **Build positive social supports, and control negativity in your environment.**
- **Gain control where you can.**
- **Work smarter, not longer.**
- **Quit doing something.**
- **Control thoughts that you are indispensable.**
- **See a counselor.**
- **Identify work environments that promote burnout.**
- **Employ personal strategies to avoid or cope with burnout.**
- **Employ interpersonal strategies.**
- **Employ organizational strategies.**
- **Develop relationships with professional associates outside your office.**
- **Get involved in professional organizations.**
- **Consider your career development from time to time.**
- **Develop a relationship with a mentor.**
- **Challenge yourself to take new career risks.**
- **Stop viewing difficult clients as problems.**
- **Share your hands-on experience with colleagues.**
- **Consider ways to make your job more satisfying.**
- **Actually use the stress management techniques you know.**
- **Do what you love, or get career counseling.**
- **Vary your day or week to include different activities within your responsibilities.**
- **Vary responsibilities periodically to get a fresh perspective.**
- **Introduce new techniques into your repertoire.**
- **Improve and expand skills through professional development.**
- **Develop a formal or informal support group among your counseling colleagues.**
- **Be an agent of change within your institution.**
- **Yell at an understanding supervisor.**
- **When all else fails, change careers.**

Traux, B. M., Kanchier, C., Shahnasarian, M., Stoltz-Loike, M., Bloch, M., & Goodman, J. (1992). Beat burnout! American Counselor, 1 (2), 10-12, 27.

BURNOUT/COMPASSION FATIGUE WORKSHEET

In your group, brainstorm other things you could do to counteract symptoms of burnout:

How might you diversify your life in the areas of your interests, friendships, and/or leisure activities?

What are some of the most positive things you have done in your career?

Reaching out to others is essential. With whom can you consult as a professional resource? Who else might you add to this list?

How can you make changes in your daily routine to live a healthier lifestyle?

How could you talk with yourself differently so you don't feel s helpless or powerless?

If you know another counselor who seems to be struggling with symptoms of burnout, what steps could you take to help this friend or colleague?

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SELF-CARE IN THE NEW MILLENNIUM: AVOIDING BURNOUT AND COMPASSION FATIGUE

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